

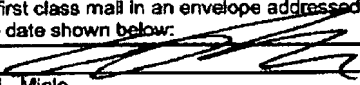
RECEIVED
CENTRAL FAX CENTER

NOV 9 - 2007

RESPONSE TRANSMITTAL	Docket No.: XTAX-P001US3	Total Pages: 14
	Application No.: 10/608,651	
	Filing Date 06/27/2003	
	First Named Inventor: Mark Albrecht	
	Art Unit: 3627	
Examiner Name: Frenel, Vanel		

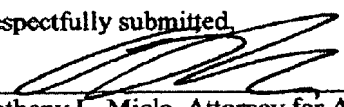
ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment <input type="checkbox"/> Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																												
<p>1. <input checked="" type="checkbox"/> Response to Office Action dated 7/09/2007.</p> <p style="margin-left: 40px;"><input type="checkbox"/> After Final.</p> <p>2. <input checked="" type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is one (1) month; accordingly the appropriate non-small-entire fee is (\$ 120.00).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$60.00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets:)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Total Claims</u></td> <td style="text-align: center;"><u>Extra Claims</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> <td style="text-align: center;"><u>Multiple Dependent Claims</u></td> </tr> <tr> <td style="text-align: center;">25</td> <td style="text-align: center;">-20 or HP= 5</td> <td style="text-align: center;">x 25</td> <td style="text-align: center;">125</td> <td style="text-align: center;"><u>Fee (\$)</u></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20</td> <td style="text-align: center;">180</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Indep. Claims</u></td> <td style="text-align: center;"><u>Extra Claims</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">-3 or HP= 2</td> <td style="text-align: center;">x 105</td> <td style="text-align: center;">210</td> </tr> </table> <p>HP = highest number of independent claims paid for, if greater than 3.</p> <p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input type="checkbox"/> Remarks:</p>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	25	-20 or HP= 5	x 25	125	<u>Fee (\$)</u>					<u>Fee Paid (\$)</u>	HP = highest number of total claims paid for, if greater than 20				180	<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	5	-3 or HP= 2	x 105	210
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>																									
25	-20 or HP= 5	x 25	125	<u>Fee (\$)</u>																									
				<u>Fee Paid (\$)</u>																									
HP = highest number of total claims paid for, if greater than 20				180																									
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																										
5	-3 or HP= 2	x 105	210																										

**RECEIVED
CENTRAL FAX CENTER****NOV 9 - 2007****RESPONSE TRANSMITTAL**
(Executed Attachment to Page 1)**Page 2**

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Anthony L. Miele
Date	11/9/07

Dated: 11/9/07

Respectfully submitted,

By: 
Anthony L. Miele, Attorney for Applicant(s)
Registration Number 34,393
Customer Number 000050048
Miele Law Group PC
36 Lovering Street, Medway, MA 02053
Phone: 508-315-3677 Fax: 508-319-3001